

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/563748

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15	1						65						
16	1						66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		2					78						
29		2					79						
30		2					80						
31		2					81						
32		2					82						
33	1						83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40	1						90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		2					95						
46		2					96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	59						TOTAL DEP.						
TOTAL CLAIMS	64						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS